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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

*A Public Document*GOVERNOR'S OFFICE
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Cameron	Rachel	Elisabeth	(916) 445-4571
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
The Office of the Governor, State Capitol	Sacramento	CA 95814	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

The Office of the Governor

Division, Board, District, if applicable:

Press Office

Your Position:

Deputy Press Secretary

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: ____/____/____☒ Annual: The period covered is January 1, 2008,
through December 31, 2008.

-OR-

☐ The period covered is ____/____/____, through
December 31, 2008.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2008, through the
date of leaving office.

-OR-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate Election Year: _____**4. Schedule Summary**► Total number of pages **3**
including this cover page:► Check applicable schedules or "No reportable
interests."I have disclosed interests on one or more of the
attached schedules:Schedule A-1 ☐ Yes - schedule attached
*Investments (Less than 10% Ownership)*Schedule A-2 ☐ Yes - schedule attached
*Investments (10% or greater Ownership)*Schedule B ☐ Yes - schedule attached
*Real Property*Schedule C ☒ Yes - schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*Schedule D ☐ Yes - schedule attached
*Income - Gifts*Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

D _____

S _____

(Official)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
<hr/>	

1. INCOME RECEIVED		1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME		NAME OF SOURCE OF INCOME	
Thunder Valley Casino			
ADDRESS		ADDRESS	
1200 Athens Avenue, Lincoln, CA 95648			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE	
YOUR BUSINESS POSITION		YOUR BUSINESS POSITION	
GROSS INCOME RECEIVED		GROSS INCOME RECEIVED	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED		CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> Spouse's or registered domestic partner's income	<input type="checkbox"/> Salary	<input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment		<input type="checkbox"/> Loan repayment	
<input type="checkbox"/> Sale of _____	(Property, car, boat, etc.)	<input type="checkbox"/> Sale of _____	(Property, car, boat, etc.)
<input type="checkbox"/> Commission or	<input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or	<input type="checkbox"/> Rental Income, list each source of \$10,000 or more
<input type="checkbox"/> Other _____	(Describe)	<input type="checkbox"/> Other _____	(Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
	_____ <i>Street address</i>	
	_____ <i>City</i>	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> \$1,001 - \$10,000	<i>(Describe)</i>	
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM	700
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Name	
Rachel Cameron	

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE
California State Protocol Foundation
ADDRESS
1215 K Street, Suite 1400
CITY AND STATE
Sacramento, California 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Border Governors Conference
DATE(S): 08 / 12 / 08 - 8 / 15 / 08 AMT: \$ 361.90 <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

Comments: _____